## Go to facility survey url:

https://fortress.wa.gov/dshs/adsaapps/lookup/FacilityStatus/UpdateStatus.aspx

1. Select the Facility Type

Enter either the **License Number** (for all facility types except Supported Living) OR

Enter the Certification Number (for Supported Living facilities)

Enter either the **License Date** (for all facility types except Supported Living) OR

Enter the **Certification Date** (for Supported Living Facilities)

Click Confirm Facility

## Update COVID-19 Reports in a Facility

Facility Information		
Please verify your facility by entering your facility type, licer	e/certification number and date of license/certification. Instructions.	
Facility type: License/Certification #:	License/Cert. Date: 2	
Adult Family Home ▼ 752999	12/31/2015 Confirm Facility	
Problems completing this form? Call 1-888-856-5691		

2. Once **Confirm Facility** is clicked, the name of the facility will be displayed along with the data fields to be captured as shown below, most of them will be empty except for the Phone number and the County which will be pre-populated for most facilities since DSHS already has that info. Enter the fields and click Update Report as shown below.

## Update COVID-19 Reports in a Facility

Facility type:    Adult Family Home   V   752000   12/31/2015   Confirm Facility   South Oly AFH - LLC   Phone contact:   (380) 705-9090   Phone number to call if we have any questions.   County:   Clark   V   County that the facility is located in.   Confirmed Number of Cases:   Current number of COVID residents/clients in the facility. Do not include staff.   Suspected Number of Cases:   Current number of suspected (showing symptoms, but not officially diagnosed) COVID residents/clients in the facility. Do not include staff.   Number of Deaths:   Total number of residents/client deaths due to COVID-19.   Number of Hospitalizations:   Number of residents/clients who are CURRENTLY hospitalized due to COVID-19.   Resident/Client Count:   Total number of staff, including those not currently at work.   Total number of staff, including those not currently at work.   Total number of staff, including those not currently at work.   Total number of staff, including those not currently at work.   Total number of staff, including those not currently at work.   Total number of staff, including those not currently at work.   Total number of staff, including those not currently at work.   Total number of staff, including those not currently at work.   Total number of staff, including those not currently at work.   Total number of staff, including those not currently at work.			License/Cert. Date: 1	of license/certification. Instructions.		
South Oly AFH - LLC  Phone contact:  [880) 705-9999				Carfee Facility		
Phone contact:  (880) 705-9999  Phone number to call if we have any questions.  County:  Clark  County that the facility is located in.  Confirmed Number of Cases:  Current number of COVID residents/clients in the facility. Do not include staff.  Suspected Number of Cases:  Current number of suspected (showing symptoms, but not officially diagnosed) COVID residents/clients in the facility. Do not include staff.  Number of Deaths:  Total number of resident/client deaths due to COVID-19.  Number of Hospitalizations:  Number of residents/clients who are CURRENTLY hospitalized due to COVID-19.  Resident/Client Count:  Total number of residents/clients currently in the facility.  Staff Count:  Total number of staff, including those not currently at work.  Test Kit Trained:  Unknown Select Yes if any current staff have been trained on how to use a COVID-19 test kit	Adult Family Home *	752999	12/31/2015	Confirm Facility		
Phone contact:  (380) 705-9999   Phone number to call if we have any questions.  County:  Colark   County that the facility is located in.  Confirmed Number of Cases:  Current number of COVID residents/clients in the facility. Do not include staff.  Suspected Number of Cases:  Current number of suspected (showing symptoms, but not officially diagnosed) COVID residents/clients in the facility. Do not include staff.  Number of Deaths:  Total number of resident/client deaths due to COVID-19.  Number of Hospitalizations:  Number of residents/clients who are CURRENTLY hospitalized due to COVID-19.  Resident/Client Count:  Total number of residents/clients currently in the facility.  Staff Count:  Total number of staff, including those not currently at work.  Test Kit Trained:  Unknown  Select Yes if any current staff have been trained on how to use a COVID-19 test kit	South Olv AFH - LLC					
County:  Clark  Confirmed Number of Cases:  Current number of COVID residents/clients in the facility. Do not include staff.  Suspected Number of Cases:  Current number of suspected (showing symptoms, but not officially diagnosed) COVID residents/clients in the facility. Do not include staff.  Number of Deaths:  Total number of residents/client deaths due to COVID-19.  Number of Hospitalizations:  Number of residents/clients who are CURRENTLY hospitalized due to COVID-19.  Resident/Client Count:  Total number of residents/clients currently in the facility.  Staff Count:  Total number of staff, including those not currently at work.  Test Kit Trained:  Unknown Select Yes if any current staff have been trained on how to use a COVID-19 test kit	-					
Clark  Confirmed Number of Cases:  Current number of COVID residents/clients in the facility. Do not include staff.  Suspected Number of Cases:  Current number of suspected (showing symptoms, but not officially diagnosed) COVID residents/clients in the facility. Do not include staff.  Number of Deaths:  Total number of resident/client deaths due to COVID-19.  Number of Hospitalizations:  Number of residents/clients who are CURRENTLY hospitalized due to COVID-19.  Resident/Client Count:  Total number of residents/clients currently in the facility.  Staff Count:  Total number of staff, including those not currently at work.  Test Kit Trained:  Unknown Select Yes if any current staff have been trained on how to use a COVID-19 test kit	(360) 705-9999 Phone no	umber to call if we have any o	questions.			
Clark  Confirmed Number of Cases:  Current number of COVID residents/clients in the facility. Do not include staff.  Suspected Number of Cases:  Current number of suspected (showing symptoms, but not officially diagnosed) COVID residents/clients in the facility. Do not include staff.  Number of Deaths:  Total number of resident/client deaths due to COVID-19.  Number of Hospitalizations:  Number of residents/clients who are CURRENTLY hospitalized due to COVID-19.  Resident/Client Count:  Total number of residents/clients currently in the facility.  Staff Count:  Total number of staff, including those not currently at work.  Test Kit Trained:  Unknown Select Yes if any current staff have been trained on how to use a COVID-19 test kit	Country					
Current number of COVID residents/clients in the facility. Do not include staff.  Suspected Number of Cases:  Current number of suspected (showing symptoms, but not officially diagnosed) COVID residents/clients in the facility. Do not include staff.  Number of Deaths:  Total number of resident/client deaths due to COVID-19.  Number of Hospitalizations:  Number of residents/clients who are CURRENTLY hospitalized due to COVID-19.  Resident/Client Count:  Total number of residents/clients currently in the facility.  Staff Count:  Total number of staff, including those not currently at work.  Test Kit Trained: Unknown Select Yes if any current staff have been trained on how to use a COVID-19 test kit		hat the facility is located in.				
Current number of COVID residents/clients in the facility. Do not include staff.  Suspected Number of Cases:  Current number of suspected (showing symptoms, but not officially diagnosed) COVID residents/clients in the facility. Do not include staff.  Number of Deaths:  Total number of resident/client deaths due to COVID-19.  Number of Hospitalizations:  Number of residents/clients who are CURRENTLY hospitalized due to COVID-19.  Resident/Client Count:  Total number of residents/clients currently in the facility.  Staff Count:  Total number of staff, including those not currently at work.  Test Kit Trained: Unknown Select Yes if any current staff have been trained on how to use a COVID-19 test kit						
Suspected Number of Cases:  Current number of suspected (showing symptoms, but not officially diagnosed) COVID residents/clients in the facility. Do not include staff.  Number of Deaths:  Total number of resident/client deaths due to COVID-19.  Number of Hospitalizations:  Number of residents/clients who are CURRENTLY hospitalized due to COVID-19.  Resident/Client Count:  Total number of residents/clients currently in the facility.  Staff Count:  Total number of staff, including those not currently at work.  Test Kit Trained:  Unknown Select Yes if any current staff have been trained on how to use a COVID-19 test kit	Confirmed Number of Cases:	Current number of COVID	residents/clients in the facility	Do not include staff		
Current number of suspected (showing symptoms, but not officially diagnosed) COVID residents/clients in the facility. Do not include staff.  Number of Deaths:  Total number of resident/client deaths due to COVID-19.  Number of Hospitalizations:  Number of residents/clients who are CURRENTLY hospitalized due to COVID-19.  Resident/Client Count:  Total number of residents/clients currently in the facility.  Staff Count:  Total number of staff, including those not currently at work.  Test Kit Trained:  Unknown Select Yes if any current staff have been trained on how to use a COVID-19 test kit		carrent number of covid	residents/clients in the facility.	yo not include stan.		
Number of Deaths:  Total number of resident/client deaths due to COVID-19.  Number of Hospitalizations:  Number of residents/clients who are CURRENTLY hospitalized due to COVID-19.  Resident/Client Count:  Total number of residents/clients currently in the facility.  Staff Count:  Total number of staff, including those not currently at work.  Test Kit Trained:  Unknown Y Select Yes if any current staff have been trained on how to use a COVID-19 test kit	Suspected Number of Cases:					
Total number of resident/client deaths due to COVID-19.  Number of Hospitalizations:    Number of residents/clients who are CURRENTLY hospitalized due to COVID-19.  Resident/Client Count:    Total number of residents/clients currently in the facility.  Staff Count:    Total number of staff, including those not currently at work.  Test Kit Trained:   Unknown ▼ Select Yes if any current staff have been trained on how to use a COVID-19 test kit		Current number of suspec	ted (showing symptoms, but n	nt officially diagnosed) COVID reside.	nts/clients in the facility. Do not includ	de staff.
Number of Hospitalizations:    Number of residents/clients who are CURRENTLY hospitalized due to COVID-19.    Resident/Client Count:   Total number of residents/clients currently in the facility.    Staff Count:   Total number of staff, including those not currently at work.    Test Kit Trained:   Unknown   Select Yes if any current staff have been trained on how to use a COVID-19 test kit	Number of Deaths:					
Number of residents/clients who are CURRENTLY hospitalized due to COVID-19.  Resident/Client Count:  Total number of residents/clients currently in the facility.  Staff Count:  Total number of staff, including those not currently at work.  Test Kit Trained:  Unknown Y Select Yes if any current staff have been trained on how to use a COVID-19 test kit		Total number of resident/	client deaths due to COVID-19.			
Resident/Client Count:    Total number of residents/clients currently in the facility.  Staff Count:    Total number of staff, including those not currently at work.  Test Kit Trained:   Unknown ▼ Select Yes if any current staff have been trained on how to use a COVID-19 test kit	Number of Hospitalizations:					
Total number of residents/clients currently in the facility.  Staff Count:  Total number of staff, including those not currently at work.  Test Kit Trained:  Unknown Y Select Yes if any current staff have been trained on how to use a COVID-19 test kit		Number of residents/clien	ts who are <b>CURRENTLY</b> hospita	lized due to COVID-19.		
Total number of residents/clients currently in the facility.  Staff Count:  Total number of staff, including those not currently at work.  Test Kit Trained:  Unknown Y Select Yes if any current staff have been trained on how to use a COVID-19 test kit	Resident/Client Count:					
Total number of staff, including those not currently at work.  Test Kit Trained:  Unknown ▼ Select Yes if any current staff have been trained on how to use a COVID-19 test kit	tonderity enemic estation	Total number of residents,	clients currently in the facility.			
Total number of staff, including those not currently at work.  Test Kit Trained:  Unknown ▼ Select Yes if any current staff have been trained on how to use a COVID-19 test kit	The ff Country	_				
Test Kit Trained:  Unknown ▼ Select Yes if any current staff have been trained on how to use a COVID-19 test kit	Starr Count:	Total number of staff incl	uding those not currently at we	rk		
Unknown Selectives if any current staff have been trained on how to use a COVID-19 test kit		Total Hall Ser of Starr, Hell	iong trose not contently be no			
			-11			
Update Report V	Onknown • Select Yes If any	current starr nave been train	ea on now to use a COVID-19 to	STRIT		

## Fields to be captured:

**Phone Contact**: Phone number of the facility. This field will be pre-populated if DSHS already has the information. If it is empty then it needs to be entered.

**County** -> County where the facility is located. This field will be pre-populated if we already have the information. If it is empty then it needs to be entered.

**Confirmed Number of Cases** -> Current number of COVID-19 positive residents/clients. Clients/Residents only, do not include staff

**Suspected Number of Cases** -> Current number of suspected COVID-19 residents/clients. Clients/Residents only, do not include staff

Number of Deaths: Total number of resident/client deaths due to COVID-19

**Number of Hospitalizations**: Total number of resident/client who are **CURRENTLY** hospitalized due to COVID-19

**Resident/Client Count** -> Number of total residents in the facility (all Facility Types except Supported Living) OR number of clients for Supported Living.

**Staff Count** -> Number of staff/employees including those not involved in direct patient care or currently at work

**Test Kit Trained** -> Does the facility have at least one staff trained to administer COVID-19 test (Y/N)?

Additional Links where license or certification numbers can be found:

AFH's - <a href="https://fortress.wa.gov/dshs/adsaapps/lookup/AFHAdvLookup.aspx">https://fortress.wa.gov/dshs/adsaapps/lookup/AFHAdvLookup.aspx</a>

Assisted Living -> <a href="https://fortress.wa.gov/dshs/adsaapps/lookup/BHAdvLookup.aspx">https://fortress.wa.gov/dshs/adsaapps/lookup/BHAdvLookup.aspx</a>

Nursing Homes -> https://fortress.wa.gov/dshs/adsaapps/lookup/NHAdvLookup.aspx

ICF/IID -> <a href="https://fortress.wa.gov/dshs/adsaapps/lookup/ICFIIDLookup.aspx">https://fortress.wa.gov/dshs/adsaapps/lookup/ICFIIDLookup.aspx</a>

Supported Living -> <a href="https://fortress.wa.gov/dshs/adsaapps/lookup/SLAdvLookup.aspx">https://fortress.wa.gov/dshs/adsaapps/lookup/SLAdvLookup.aspx</a>

Enhance Services Facilities -> <a href="https://fortress.wa.gov/dshs/adsaapps/lookup/ESFLookup.aspx">https://fortress.wa.gov/dshs/adsaapps/lookup/ESFLookup.aspx</a>